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CONFIRMATION NO. 1409

<b>SERIAL NUMBER</b> 09/324,343	<b>FILING OR 371(c) DATE</b> 06/02/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> ALZA-0022 ARC-2865-R3	
<b>APPLICANTS</b> JOHAN H. GEERKE, LOS ALTOS, CA; STEVEN F. STONE, SARATOGA, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/087,787 06/03/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/24/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 18
<b>ADDRESS</b> 23377					
<b>TITLE</b> METHODS AND APPARATUS FOR DETERMINING FORMULATION ORIENTATION OF MULTI-LAYERED PHARMACEUTICAL DOSAGE FORMS					
<b>FILING FEE RECEIVED</b> 2678	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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